Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 07/19/2014 12:27 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 07/19/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 07/21/2014 11:44 AM

First Team Leader Assigned: [redacted]

Date/Time 07/21/2014 12:00 AM

First Case Manager [redacted]

Date/Time 07/21/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	1 Yr 3 Mos	Drug Exposed Infant	Yes	[redacted]	Birth Mother

Preliminary Near Death: [redacted]

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: The child is not in state custody.

TFACTS History:

Family Case IDs: [redacted]

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS - None found

Substantiated Yes
4/6/11, INV# [redacted], DEI, perpetrator: [redacted] (victim: [redacted])

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

9/24/09, INV# [redacted], DEC & DEI, perpetrator: [redacted] (victims: [redacted], [redacted] & [redacted])

Death No

Screened out No

History (not listed above): No

DUPLICATE REFERRAL: No

County: [redacted]
Notification: email
School/ Daycare: n/a
Native American Descent: No
Directions: none given

Reporter's name/relationship: [redacted] | [redacted] [redacted]

Reporter states:

The child is not in state custody.

[redacted] gave birth to [redacted] on [redacted] at 4:28 AM at [redacted] Hospital. [redacted] has four other children who have been removed from her custody and are in the custody of relatives. Two of the older children are named [redacted] (age 17) and [redacted] (age 14). [redacted] reports that she is currently living with her aunt [redacted], in [redacted]. [redacted] has no children in her custody at this time besides [redacted]. [redacted] is [redacted] mother and has been at the hospital with her today.

[redacted] was given a urine drug test prior to delivery on [redacted] that was positive for marijuana [redacted] admitted to using marijuana during the pregnancy, but not to using any other drugs. [redacted] has not been given a drug test at this time. The meconium will be sent for testing. This was a vaginal delivery. [redacted] weighed 4 pounds 2 ounces at birth which is low because she was delivered at 36 weeks. [redacted] received prenatal care during this pregnancy.

[redacted] is very sick and in the NICU a [redacted] [redacted] Hospital. [redacted] prognosis is unknown at this time, but she is not doing well. [redacted] Apgar score is 3 and 3 which is very low. A normal Apgar score is 8 and 9. [redacted] is in respiratory distress and her stomach is distended. [redacted] has not breathed without assistance since delivery. [redacted] was bagged immediately after delivery because she was not breathing on her own and was taken directly to NICU and placed on a ventilator. It is not believed that the medical problems [redacted] is having are all related to [redacted] using marijuana which is the only drug that [redacted] has tested positive for.

[redacted] reports that DCS has been involved with her other four children related to her drug use and that they have all been removed from her custody [redacted] does not expect that [redacted] will be left in her custody and has requested that [redacted] be placed in [redacted] custody.

Medial staff is requesting immediate assistance. The mother has stated she wants to leave the hospital immediately.

Special Needs or Disabilities: [redacted] is on a ventilator and has not breathed on her own since delivery. Her Apgar score is low and her stomach is distended.
Child's current location/is the child safe at this time: [redacted] is in NICU at [redacted] Hospital and will not be discharged anytime soon.
Perpetrator's location at this time: [redacted] is at the hospital and is telling medical staff that she wants to leave.

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Any other safety concerns for the child or DCS worker who may respond: unknown

Per SDM: Investigative Track/Priority 1 - Preliminary Near Death - [redacted] CM 3 on 7-19-14 at 1:25 P.M.

[redacted] paged at 1:28 P.M.

[redacted] 07-19-14 01:28:43 PM [redacted] 07-19-14 01:29:29 PM [redacted] Received

[redacted], [redacted] and [redacted].

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Participant(s)

Name: [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN: [redacted]

Race:

Age: 36 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Name: [redacted]

Gender: Female

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address: unknown

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 1 Yr 3 Mos

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case # 2014ND.022

Tennessee Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 07/19/2014

Assignment Date: 07/21/2014

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Drug Exposed Infant	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	No	[redacted]

Preliminary Near Death: [redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Drug Exposed Infant - ASPS

D. Case Workers

Case Worker: [redacted]

Date: 07/23/2014

Team Leader: [redacted]

Date: 07/23/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

[redacted] arrived at [redacted] Hospital Neo-Natal Intensive Care Unity (NICU) at approximately 2:00 pm. Upon arrival [redacted] was greeted by Hospital Social Worker [redacted]. [redacted] escorted [redacted] to the bedside of baby [redacted]. [redacted] was born on [redacted], time unknown and is currently on a ventilator. She weighed in at 4 pounds and 2 ounces. She is currently being monitored to ensure that her brain is not swelling. [redacted] spoke with Registered Nurse [redacted] with [redacted]. It is unknown of the baby's time of birth because it is being reported that the mother did not alert anyone of the baby being born. It was also reported that the nursing staff was made aware the baby had been born when the went in the room to check on the mother. Mother, [redacted] submitted to a drug screen and the screen was positive for marijuana. Discharge for the baby is unknown at the present time. The baby's Apgar score is 3 which is considered to be really low. Medical records from the time of intake up until [redacted] arrival at the hospital were obtained. Records show that mom had prenatal care and started receiving care at 15 weeks pregnant. From that point forward [redacted] was present for all prenatal appointments and no record of complications were listed in the file.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

Tennessee Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

Lab results for [redacted] and ACV, [redacted] were both positive for marijuana.

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

Child Protection Service Investigator ([redacted], met with the mother [redacted] on Saturday, July 19, 2014 at approximately 2;00 pm at [redacted] Hospital. [redacted] was in room [redacted] after delivery of her baby girl [redacted]. [redacted] introduced himself to the mother. Also present was the maternal grandmother [redacted]. [redacted] explained that on Friday, July 18, 2014, she was at home and her water broke. [redacted] stated that she didn't immediately go to the hospital because she knew that she would just have to sit there. [redacted] explained that she made the choice to wait until she started havign pain before she went. [redacted] later that day stated that when her contractions were 15 minutes apart she and her mother went to the hospital. Upon her arrival to [redacted] Emergency Department she stated that her contractions had gotten to be 7 minutes apart. [redacted] further went on to state that by the time she made it from the Emeregency Department to the floor her contractions were approxiamtely 2 minutes apart. [redacted] informed [redacted] that when she got in the room, the nurse came in to check her stated to her that she had only dilated 2 cm. [redacted] also stated that she was informed by a nurse that she wasn't in active labor because her stomach wasn't hard. [redacted] stated that a couple of hours had gone by and the nurse came back in the room to check her. At that time [redacted] stated that she was 6 cm and she requested pain medication. [redacted] stated that when the nurse pulled her hand out from checking her cervix that the baby came out. [redacted] explained that the nurses would not even tell her that the baby wasn't breathing. [redacted] stated that it was her mother, [redacted] that told her that the baby wasn't breathing. [redacted] stated before arriving at the hospital she felt her baby kick and everything was fine [redacted] stated that she did received prenatal care. [redacted] also stated that she was taking her prenatal vitamins, but stop because it made her constipated and she advised that she could take the Flintstone vitamins and that she could take Toms for heart burn.

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

[redacted] spoke with [redacted]. [redacted] is the maternal grandmother to the ACV. [redacted] stated that she is willing to provide support for [redacted]. [redacted] stated that her daughter is not a bad mother she just likes to smoke weed. [redacted] explained although she doesn't agree with her daughter smoking she stated that her daughter is a good mother.

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

The case has enough supporting evidence to be substantiated.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/30/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/30/2014
Completed date:	10/30/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/30/2014 11:10 AM Entered By: [redacted]

This case was reviewed and approved for closure by the Regional Investigative Director, [redacted]. The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for classification. The investigation is being closed.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/19/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 05:05 AM Entered By: [redacted]

DRUG EXPOSED INFANT/CHILD: (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.) Note: When an infant is born to a mother who is using illegal substances, the infant must test positive or require medical treatment for symptoms of drug dependency to indicate for "Drug Exposed Infant."

DCS Policy defines Drug Exposed Infant/Child as an Infant/child who has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen.
Infant/child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:
Drugs or chemical substances are administered to or given to children;
Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present, is always considered severe abuse).
Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples

The allegation of drug exposed infant has been classified as allegation substantiated perpetrator substantiated. [redacted] have obtained medical records, a referral for A&D assessment and parenting classes has been made and were started in August of 2014. An initial and closing safety assessment was completed. The initial SDM score the child as conditionally safe due to the prior investigations of drug exposed infant and child. The closing SDM score was safe. Mom, has started counseling for parenting and substance abuse. Family support has been identify as the maternal aunt [redacted].

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/25/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 05:06 AM Entered By: [redacted]

A closing SDM was completed the score was safe. The alleged perpetrator has begun counseling to address parenting and substance abuse as she stated those are the things she was needing to work on to be a better parent.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/25/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:51 AM Entered By: [redacted]

[redacted] made face to face contact with [redacted] at the family home. [redacted] appeared to be doing well. She was sleep at the time. It was reported by the mother, [redacted] that she is eating every 3 to 4 hours and she will let you know when she is hungry. [redacted] reported that TEIS is in the home and they come out once a month. [redacted] was just seen by the case manager the week before and everything was reported to be going well with [redacted].

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/25/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:49 AM Entered By: [redacted]

Documentation was received stating that [redacted] has begun counseling at [redacted] to address her A&D issues and parenting.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/15/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 05:14 AM Entered By: [redacted]

[redacted] went to the home of [redacted] The [redacted] are the maternal aunt and uncle to [redacted] [redacted] observed the home to be appropriately furnished with no visible safety hazards. CM observed three bedrooms with one bedroom being occupied by [redacted]. CM observed an infant carrier, infant clothing and other infant necessities in order to bring [redacted] into there home. Currently in the home are [redacted], [redacted], and [redacted]. [redacted]. [redacted] have custody of [redacted] daughter [redacted].

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/14/2014	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:47 AM Entered By: [redacted]

[redacted] met with [redacted] and baby [redacted] in regards to care for [redacted]. It was reported that [redacted] does not need a g-tube and is eating the necessary feeding amounts and is getting prepared for discharge. [redacted] stated that she will take her baby home to live in the home with her aunt and uncle [redacted]. [redacted] stated that they have custody of her other daughter [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/01/2014	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:41 AM Entered By: [redacted]

[redacted] made face to face contact with ACV [redacted]. [redacted] was transferred to [redacted] Hospital for a g-tube to be placed in her. [redacted] discussed the care with the nurse on duty in charged of caring for [redacted]. The nurse stated that [redacted] will be monitored for a week before she is scheduled to have the g-tube surgery. It was explained that before the do a surgery on a child that transfers in, the surgeon monitors the child to see if their eating increase. At the time of the visit [redacted] was doing well.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/31/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:28 AM Entered By: [redacted]

A referral for A&D was discussed with the mother, [redacted]. [redacted] informed [redacted] that she would like counseling to address her drug use. [redacted] informed [redacted] that a referral for A&D will be submitted on her behalf at [redacted] Counseling. [redacted] also asked [redacted] would she be willing to participate in parenting classes as well and [redacted] stated that she would be willing to complete parenting.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/29/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:44 AM Entered By: [redacted]

Background checks were completed on [redacted]. The results are listed below:

2/7/2011 Vulnerable Persons Registry, TBI Sex/Felony/Sex Offender background check: [redacted]: No Record Found
JSSI match for [redacted]
[redacted] Assault/Vandalism $500 or less/Found Guilty
Meth Registry - No Record Found

A DCS history check was completed with 2 prior investigation on [redacted].

Investigation ID [redacted] - Drug Exposed Infant - ASPS
[redacted] - Drug Exposed Child and Drug Exposed Infant - ASPS

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/23/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/23/2014
Completed date:	07/23/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/23/2014 12:01 PM Entered By: [redacted]

A P (1) referral was called in to Central Intake on (7-19-14), at (12:27) p.m. Case assigned to [redacted] on (7-21-14) with the allegation of (DEI) in regard to [redacted]), age (2) days years. The alleged perpetrator is [redacted], mother.

Response is due on (7-20-14); (12:27) p.m. The referent letter was email on (7-199-14). Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/23/2014
Completed date:	07/23/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/23/2014 02:19 PM Entered By: [redacted]

Contact the doctor at [redacted] for clarity and what was stated upon [redacted] birth. Document medical records that have been received. Request a of [redacted] merconium testing and an update on her current medical status. Discuss and identify supports for [redacted]. A referral for A and D assessment need to be completed for [redacted].

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/20/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 05:18 AM Entered By: [redacted]

[redacted] spoke with [redacted]. [redacted] is the maternal grandmother to the ACV. [redacted] stated that she is willing to provide support for [redacted]. [redacted] stated that her daughter is not a bad mother she just likes to smoke weed. [redacted] explained although she doesn't agree with her daughter smoking she stated that her daughter is a good mother.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/19/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:55 AM Entered By: [redacted]

Medical records were received and [redacted] was positive at birth for marijuana.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/19/2014	Contact Method:	Phone Call
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/20/2014
Completed date:	10/20/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2014 04:54 AM Entered By: [redacted]

[redacted] spoke with the referent in regards to the concerns of [redacted]. The referent had no additional information to give besides what was stated in the referral made to the Department.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/19/2014	Contact Method:	Face To Face
Contact Time:	02:15 PM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	07/21/2014
Completed date:	07/21/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 12:53 PM Entered By: [redacted]

Child Protection Service Investigator ([redacted], met with the mother [redacted] on Saturday, [redacted] at approximately 2;00 pm at [redacted] Hospital. [redacted] was in room [redacted] after delivery of her baby girl [redacted]. [redacted] introduced himself to the mother. Also present was the maternal grandmother, [redacted]. Mom, [redacted] explained that on Friday, July 18, 2014, she was at home and her water broke. [redacted] stated that she didn't immediately go to the hospital because she knew that she would just have to sit there. [redacted] explained that she made the choice to wait until she started havign pain before she went. [redacted] later that day stated that when her contractions were 15 minutes apart she and her mother went to the hospital. Upon her arrival to [redacted] Emergency Department she stated that her contractions had gotten to be 7 minutes apart. [redacted] further went on to state that by the time she made it from the Emeregency Department to the floor her contractions were approxiamtely 2 minutes apart. [redacted] informed [redacted] that when she got in the room, the nurse came in to check her stated to her that she had only dilated 2 cm. [redacted] also stated that she was informed by a nurse that she wasn't in active labor because her stomach wasn't hard. [redacted] stated that a couple of hours had gone by and the nurse came back in the room to check her. At that time [redacted] stated that she was 6 cm and she requested pain medication. [redacted] stated that when the nurse pulled her hand out from checking her cervix that the baby came out. [redacted] explained that the nurses would not even tell her that the baby wasn't breathing. [redacted] stated that it was her mother, [redacted] that told her that the baby wasn't breathing. [redacted] stated before arriving at the hospital she felt her baby kick and everything was fine. [redacted] stated that she did received prenatal care. [redacted] also stated that she was taking her prenatal vitamins, but stop because it made her constipated and she advised that she could take the Flintstone vitamins and that she could take Toms for heart burn. [redacted] informed [redacted] that the baby's father is [redacted], DOB [redacted]. [redacted] resides at [redacted] There is currently an order of protection against [redacted] for [redacted]. [redacted] admitted that she uses marijuana and has never completed an Alcohol and Drug counseling. She stated that she did go to [redacted] for a couple of weeks and quit. [redacted] has 3 children [redacted] DOB [redacted], [redacted] DOB [redacted] and [redacted] DOB [redacted] that are in the custody of the maternal aunt [redacted]. [redacted] DOB [redacted] is in the custody of the maternal great aunt and uncle [redacted] and [redacted]. [redacted] was made aware that because of her history that it is possible that the baby will not be released in her care and that she needs to think of family or friends that will be willing to care for the child until she can complete drug counseling.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/19/2014	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	07/21/2014
Completed date:	07/21/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 12:51 PM Entered By: [redacted]

[redacted] arrived at [redacted] Hospital Neo-Natal Intensive Care Unity (NICU) at approximately 2:00 pm. Upon arrival [redacted] was greeted by Hospital Social Worker [redacted]. [redacted] escorted [redacted] to the bedside of baby [redacted]. Baby girl [redacted] was born on [redacted], time unknown and is currently on a ventilator. She weighed in at 4 pounds and 2 ounces. She is currently being monitored to ensure that her brain is not swelling. [redacted] spoke with Registered Nurse [redacted] with [redacted]. It is unknown of the baby's time of birth because it is being reported that the mother did not alert anyone of the baby being born. It was also reported that the nursing staff was made aware the baby had been born when the went in the room to check on the mother. Mother, [redacted] submitted to a drug screen and the screen was positive for marijuana. Discharge for the baby is unknown at the present time. The baby's Apgar score is 3 which is considered to be really low. Medical records from the time of intake up until [redacted] arrival at the hospital were obtained. Records show that mom had prenatal care and started receiving care at 15 weeks pregnant. From that point forward [redacted] was present for all prenatal appointments and no record of complications were listed in the file.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/19/2014	Contact Method:	
Contact Time:	12:27 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/21/2014
Completed date:	07/21/2014	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 12:57 PM Entered By: [redacted]

The Department received a priority 1 referral on alleged child victim, [redacted], 1 days. The allegation is listed as drug exposed infant with a preliminary near death. The alleged perpetrator is listed as [redacted], birth mother.

The referral states: [redacted] gave birth to [redacted] on [redacted] at 4:28 am at [redacted] Hospital. [redacted] has four other children who have been removed from her custody and are in the custody of relatives. Two of the older children are named [redacted] (age 17) and [redacted] (age 14). [redacted] reports that she is currently living with her aunt, [redacted], in [redacted]. [redacted] has no children in her custody at this time besides [redacted]. [redacted] is [redacted] mother and has been at the hospital with her today.
[redacted] was given a urine drug test prior to deivery on [redacted] that was positive for marijuana. [redacted] admitted to using marijuana during the pregnancy, but not to using any other drugs, [redacted] has not been give a drug test at this time. The meconium will be sent for testing. This was a vaginal delivery. [redacted] weighed 4 pouunds 2 ounces at birth which is low because she was delivered at 36 weeks. [redacted] received prenatal care during this pregnancy.
[redacted] is very sick and in the NICU at [redacted] Hospital. [redacted] prognosis is unknown at this time, but she is not doing well. [redacted] Apgar score is 3 and 3 which is very low. A normal Apgar score is 8 and 9. [redacted] is in respiratory distress and her stomach is distended. [redacted] has not breathed without assistance since delivery. [redacted] was bagged immediately after delivery because she was not breathing on her own and was taken directly to NICU and placed on a ventilator. It is not believed that the medical problems [redacted] is having are all related to [redacted] using marijuana which is the only drug that [redacted] has tested positive for.
[redacted] reports that DCS has been involved with her other four children related to her drug use and that they have all been removed from her custody. [redacted] does not expect that [redacted] will be left in her custody and has requested that [redacted] be placed in [redacted] custody.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name:	[redacted]	TN DCS Intake ID #:	[redacted]
County:	[redacted]	Worker:	[redacted]
Date of Referral:	7/19/14 12:27 PM	Date of Assessment:	7/19/14 12:00 AM
Assessment Type:	Initial	Number of Children in the Household:	1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes	No		
X	☐	1.	Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
			☐ Serious injury or abuse to child other than accidental.
			☐ Death of a child due to abuse or neglect.
			☐ Care taker fears that s/he will maltreat the child.
			☐ Threat to cause harm or retaliate against the child.
			☐ Excessive discipline or physical force.
			X Drug-affected infant/child.
			☐ Methamphetamine lab exposure.
☐	X	2.	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
☐	X	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
☐	X	4.	Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
☐	X	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
☐	X	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
☐	X	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
☐	X	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
☐	X	9.	Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

- [ ] [X] 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- [ ] [X] 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- [X] [ ] 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- [ ] [X] 13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

- [ ] 1. Intervention or direct services by worker as part of a safety plan.
- [X] 2. Use of family, neighbors, or other individuals in the community as safety resources.
- [X] 3. Use of community agencies or services as immediate safety resources.
- [ ] 4. Have caretaker appropriately protect the victim from the alleged perpetrator.
- [ ] 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- [ ] 6. Have the non-offending caretaker move to a safe environment with the child.
- [ ] 7. Legal action planned or initiated - child remains in the home.
- [ ] 8. Other (Specify): _____

Protective Custody Interventions:

- [ ] 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
- [ ] 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

☐ 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

☒ 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.

☐ 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

☐ All children placed.

☐ One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____ **Date:** _____

Team Leader: _____ **Date:** _____